

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90096 029 ***150.00

DOCUMENT # P00000055463

1. Entity Name
THE RITE GUYS TREE SERVICE, INC.



Principal Place of Business
**10462 TASSEL STREET
SPRING HILL FL 34608**

Mailing Address
**PO BOX 3830
SPRING HILL FL 34611**



2. Principal Place of Business

3456 Bluefish dr

Suite, Apt. #, etc.

3. Mailing Address

PO Box 3830

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Spring Hill Florida

City & State

Spring Hill, Florida

4. FEI Number **59-3642033**

Applied For

Not Applicable

Zip

Country

34607

USA

Zip

Country

34611

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PANZNER, GUY
10462 TASSEL STREET
SPRING HILL FL 34608**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(If not Registered Agent signature required when reinstating)

DATE

4/7/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **PANZNER, GUY**
STREET ADDRESS **10462 TASSEL STREET**
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **PANZNER, GUY**
STREET ADDRESS **3456 Bluefish dr**
CITY-ST-ZIP **Spring Hill, FL 34607**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03

Date

Daytime Phone #

CR2E034 (10/02)